SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1.	Please complete general information:				
	Taxpayer Name:			Phone Number:	
	Busin	Business Name (if applicable):			
	Addre	Address:			
				ZIP Code:	
2.	Circle	the most appropriate category be	elow: (pleas	e circle only one)	
	1)	Individual (not an actual business			
	2)	Joint account (two or more individuals)			
	3)	Custodian account of a minor			
	4)	4) a. Revocable savings trust (grantor is also trustee)			
		b. So-called trust account that is not a legal or valid trust under state law			
Sole proprietorship (using a social security number for the taxpayeSole proprietorship (using a federal employer identification number for				mber for the taxpayer ID)	
				entification number for the taxpayer ID)	
	7)	A valid trust, estate, or pension trust			
	8)	Corporation			
	9)	Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)			
	10)	Partnership			
	11)	A broker or registered nominee			
	12)	Account with the U.S. Department receives agricultural program pay	-	ure in the name of a public entity that	
	13)	Government agencies and organiz Service guidelines (i.e., IRC 501(re tax-exempt under Internal Revenue	
3.	Fill in	your taxpayer identification num	iber below:	(please complete only one)	
	1)	If you circled number 1-5 above, f	fill in your So	ocial Security Number	
	2)	If you circled number 6-13 above, fill	•	al Employer Identification Number (EIN).	
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Si	gn and	date the form:			
	If I circ	Certification – Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and subject to backup withholding.			
	Signature:		Date:		
	Title	e (if applicable):			